iJRASET
International Journal For Research in Applied Science and Engineering Technology

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 5 **Issue:** VI **Month of publication:** June 2017

DOI:

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

Volume 5 Issue VI, June 2017
ISSN: 2321-9653
International Journal for Research in Applied Science & Engineering Technology (IJRASET)

Cancerous Lung Nodules Detection and Classification Based on Computer Aided Diagnosis System

Dr. Mallikarjun Swamy[1] (Asst. Prof), Amit Kumar[2], Arpit Singh[3], Nihal Shree[4], Sangeet Sudhanshu[5]
[1,2,3,4,5] *Dept. of ECE, SJBIT, Bangalore, Karnataka, India*

Abstract ***Lung cancer is the leading cause of cancer death among both men and women; about 1 out of 4 cancer deaths are from lung cancer, referring to extraordinary growth of lung nodule in the lung. Computed tomography (CT) scan is employed to detect cancerous lung nodule, which is round lesion with variable size. The methodology used in proposed system uses image processing techniques followed by Region of Interest(ROI) extraction which is further processed by image transformation using Discrete Wavelet Transform (DWT), here db1, db2, db3 and db4 are computed. Further 11 features are computed on transformed image finally two best features are selected as input to Support Vector Machine (SVM) which is used to distinguish diseased image with healthy image.***

Keywords— Computed Tomography, Support Vector Machine, Lung Nodule, Discrete Wavelet Transform.

I. INTRODUCTION

Tumor alludes to a gathering of sicknesses brought about due cell development anomalous which tends to spread in different parts of body. Numerous malignancies are bosom disease, lung growth, colon disease, prostate growth et cetera in view of the territory influenced by the tumor. Lung tumor is a main source of death around the world. CT output of the lung is utilized for assurance of the nearness of harmful knob in human lung.

The lung knob can be carcinogenic or non dangerous, the likelihood of a knob to be destructive is 40%. The measure of malignant knob increases with time so this can give a thought to radiologist for about the sick individual in light of the examination made in CT outputs of two diverse time crevice.the comparison made in CT scans of two different time gap.

The multifaceted nature of the investigation of deciding the malignant knob increments for early stage infection as in such circumstance malady remains outwardly irrelevant. Along these lines, finding comes about got can be diverse for various radiologist. The previous framework for lung malignancy location is CAD.

In the proposed paper PC helped finding frameworks is utilized to decide the nearness of ailment. In proposed framework histogram leveling is utilized for improvement of the picture. Assist discrete wavelet change is utilized to change over picture from spatial area to changed space. Encourage a specific arrangement of components are ascertained and bolstered as preparing contribution to the SVM-RBF classifier which settles on the individual being influenced by caner or not.

II. METHODS AND METHODOLOGY

This section explains in detail about the methods and methodology adopted.

A. Database Creation

The database contains CT scan images from LIDC (Lung Image Database Consortium) available in the national biomedical imaging archive (NBIA). 29 scans (7 cancerous and 22 non-cancerous) are used.

B. Design Of System

The procedure embraced in the framework is appeared in Figure 1. At first the Gray scale picture is pre-handled. This pre-preparing can decrease the impact made by the foundation. The picture upgrade comprises of taking after strides :

1) The CT filters acquired from the database contains a few cuts and contrasts between them.
2) For instance, some CT filters have diverse shapes and contain the knob data inside a circle; thi6s is on the grounds that the CT outputs were gained from various scanners.

Volume 5 Issue VI, June 2017
ISSN: 2321-9653
International Journal for Research in Applied Science & Engineering Technology (IJRASET)

3) ROI for every CT picture was removed to take out contrasts of CT picture and in addition to acquire more productive characterization result.
4) The ROI was registered utilizing the Hough change to approximating CT pictures to a perimeter, containing applicable
5) After this stage, all the CT pictures spares the significant data inside the area.
6) The ROI extraction is remarkable pre handling.

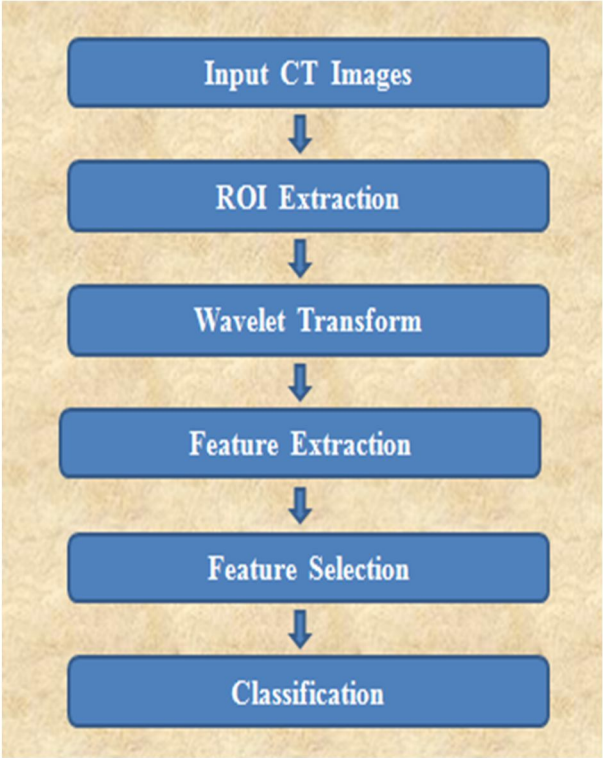


Figure 1: Flow of system

C. Discrete Wavelet Transform

Subsequent to experiencing pre preparing stage, the ROI extricated pictures are changed from the spatial space to the time and additionally recurrence area. A change prompts the change of a picture portrayal, for instance from the spatial space to the time area. An area change offers an option portrayal of a picture which can uncover highlights hard to distinguish in the first space. The change performed to focus extraordinary measure of the flag vitality in a couple of coefficients and to get the de-associated coefficients therefore of change. In a few CADx frameworks picture is examined at one single scale, for highlight extraction of the pictures. Since CT pictures has multilevel portrayals, So in this stage a CT picture is changed utilizing a multi scale apparatus called Discrete Wavelet Transform (DWT).

The DWT is connected on the discrete information to acquire a multi-scale portrayal of the first information. The portrayal manages the capacity to catch critical data of a question of enthusiasm for a little depiction. The DWT offers an amazing portrayal of the edges and gives portrayal of the picture minimally, as greatest piece of the picture vitality is amassed in not very many arrangement of coefficients.

There are extensive number of wavelet families that exists, The decision of the wavelet family relies on upon the sort of use. The Daubechies wavelets group of orthogonal wavelets is utilized for the proposed framework. The Daubechies wavelets have much effect into the assessment of surface order as the channel has positive effect on nature of the descriptors. taking after over the db1 daubechies wavelets is utilized as a part of the paper.

The changed picture is acquired by convolving the sections and the columns of greyscale picture with a low pass channel and high pass channel. Assume that W and W−1 separately speak to the db1 orthogonal DWT grid and its reverse. At that point X = Wx speaks to the network of wavelet coefficients containing four recurrence sub-groups (LL1, LH1, HL1 and HH1) where L remains for low and H remains for high. LL1 contains the most minimal recurrence coefficients or smooth data and foundation force of the

Volume 5 Issue VI, June 2017
ISSN: 2321-9653
International Journal for Research in Applied Science & Engineering Technology (IJRASET)

picture. Also, LH1 contain the vertical, HL1 contains level and HH1 contains corner to corner detail data. The DWT is connected to got LL sub-groups for further disintegration second level of recurrence sub-band. as appeared in Figure 2

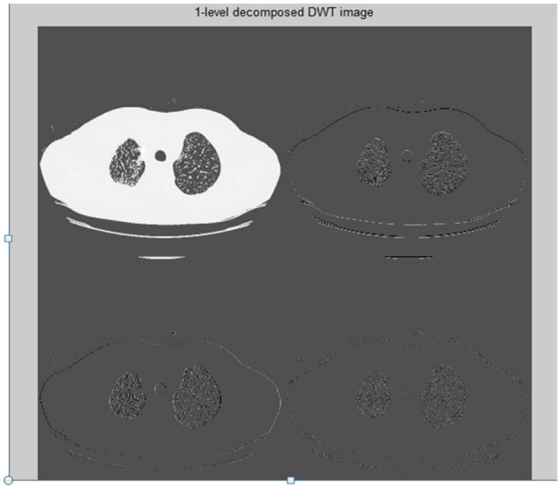


Figure 2: discrete wavelet transform

As it can be seen from Figure 2 there are 4 sub bands present they are namely LL,LH,HL and HH subbands.

D. Feature Extraction

In restorative imaging, surface of the picture gives colossal measure of data about the question inside the CT examine. Picture surface gives us data about the spatial course of action of powers in chose locale of a picture. Picture surfaces are one way that can be utilized to help in grouping of pictures.

Surface in CT pictures offer an extraordinary wellspring of data on the state and force of issue in the analyzed organ. For right order extraction of highlight assumes a key part more significantly in circumstances where distinction between the tissue is little.

Gray level co-occurance Matrix(GLCM) is utilized to extricate the component data of pictures of the lung

$$Autc = \frac{\sum_i \sum_j (i,j) p(i,j) - \mu_x \mu_y}{\sigma_x \sigma_y} \quad (1)$$

$$Ent = -\sum_i \sum_j p(i,j) \log(p(i,j)) \quad (2)$$

$$Svar = \sum_{i=2}^{2N_g} (i - Saver)^2 p_{x+y}(i) \quad (3)$$

$$Sent = \sum_{i=2}^{2N_g} p_{x+y}(i) \log\left(p_{x+y}(i)\right) \quad (4)$$

$$Diffv = -\sum_{i=0}^{N_g-1} \left(i - \mu_{x-y}\right)^2 p_{x-y}(i) \quad (5)$$

$$Imc2 = \left(1 - exp[-2.0(HXY2) - Ent]\right)^{\frac{1}{2}} \quad (6)$$

$$Cont = \sum_{i,j=0}^{N-1} p_{ij} (i-j)^2 \quad (7)$$

are:

$$Diss = \sum_{i,j=0}^{N-1} p_{ij} |i-j| \quad (8)$$

$$Ener = \sqrt{\sum_{i,j=0}^{N-1} p(i,j)^2} \quad (9)$$

$$Clpr = \sum_{i,j} \left(i + j - \mu_x - \mu_y\right)^4 p[i,j] \quad (10)$$

$$Clsh = \sum_{i,j} \left(i + j - \mu_x - \mu_y\right)^3 p[i,j] \quad (11)$$

The figured elements were: autocorrelation, entropy, whole normal, total change, total entropy, distinction fluctuation , contrast entropy, data measure of correlation2, differentiation, uniqueness vitality, group noticeable quality, bunch shade, change , opposite Difference minute, data measure of relationship 1.

E. CLASSIFICATION

Grouping remains for ordering a specific arrangement of items into class. For proposed paper SVM classifier is utilized for isolating CT examine pictures into two classes in view of their elements. With a specific end goal to prepare the SVM an arrangement of 2 best elements are chosen in view of the variety appear by them for proposed framework to get the outcomes in light of LIDC database the two components chose were autocorrelation and aggregate of difference. These two of 26 pictures were acquire and given as contribution to the SVM for preparing reason. A CT sweep is ordered into one of two gatherings: 1) With lung knobs and 2) Without lung knobs (hover images), with this yield the characterization stage is gotten.selected were autocorrelation and sum of variance.

III. RESULTS AND DISCUSSIONS

The capacity of the framework to characterize genuine tumor lung knobs inside a CT output was assessed and differentiated. The CADx framework was prepared with a SVM-RBF utilizing an aggregate of 25 pictures, 11 with carcinogenic lung knobs and 14 without lung knobs. For specific paper the two best element chose was given as contribution to the framework with and subjective picture whose qualities were not known, it was found that the framework on assessment delivered great outcomes.

100 cycles was performed for the same to acquire the best exact outcomes, the most extreme precise outcome was thought about for the examination reason. For the proposed framework exactness was found as high as 96%.

IV. CONCLUSION

In this paper, a CADx framework to group lung knobs utilizing highlights registered from the GLCM of a Daubechies db1, db2 and db4 wavelet change and bolster vector machines as classifier was proposed. The curiosity is the location of hopeful lung knobs is completed by methods for a wavelet change. Another is the utilization of wavelet elements to portray the lung knobs and that the pre handling stage performed is picture improvement and the extraction of a ROI.

The outcomes acquired were widely great, surface element extraction and SVM as a classifier demonstrate whether the CT examine has lung knobs of unhealthy individual or not. The outcomes got were more precise with the edge of 90° of the GLCM with second disintegration level.

The capacity and the conviction of the framework to arrange lung knob was approved with the precision estimations in which 100 emphasis was performed to acquire a most extreme exactness of 96.7%.

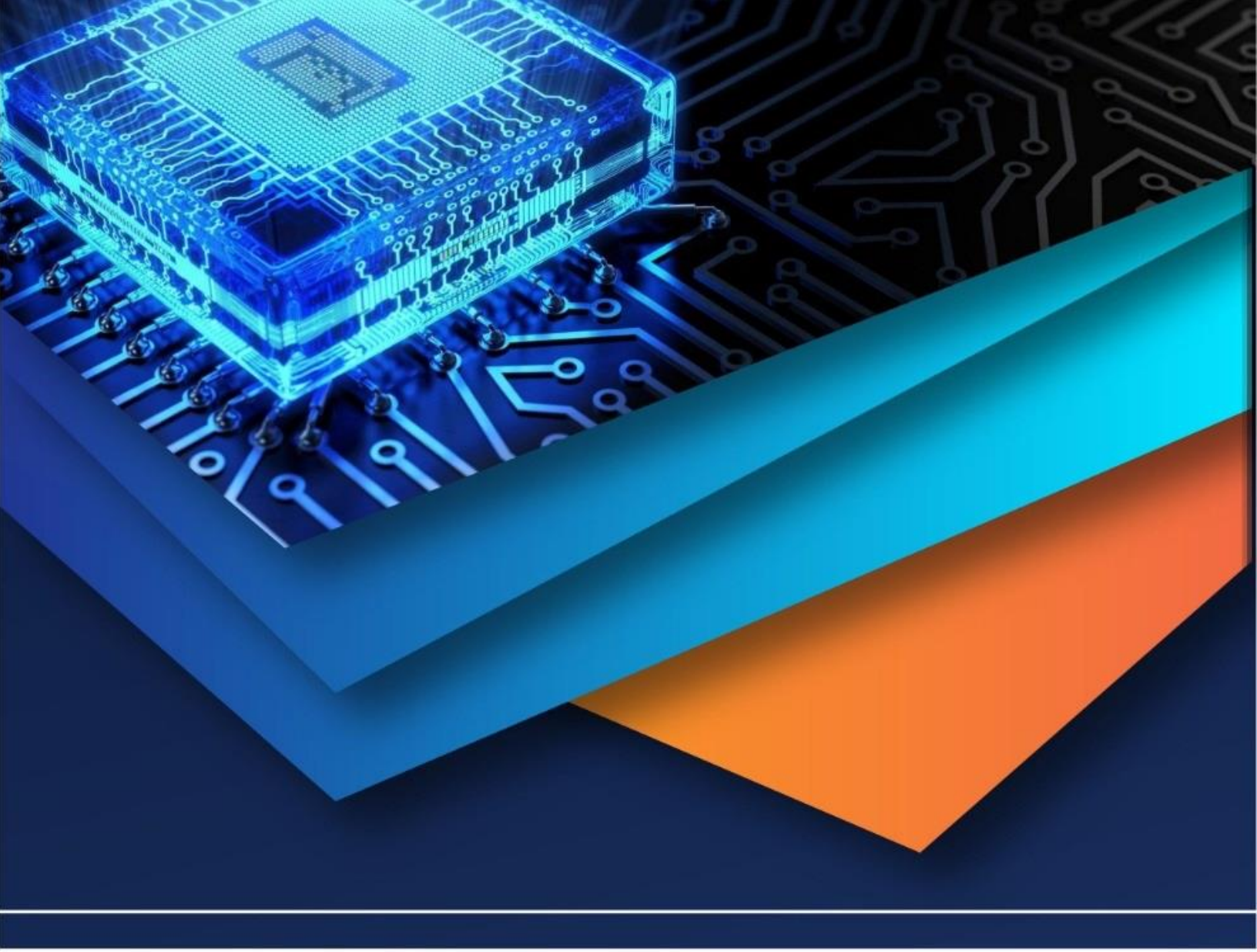
The strategy is aggressive contrasted and different works exhibited in the writing. Later on the strategy proposed will be tried utilizing diverse classifiers, for example, neural systems, irregular timberland or choice trees and with different changes, for example, contourlets, edgelets and bandelets.

V. ACKNOWLEDGMENT

We thank our guide, Dr. Mallikarjun Swamy, Assistant professor, Department of ECE, SJBIT, for his valuable guidance, continuous support and constant encouragement.

REFERENCES

[1] Iranifam M. Analytical applications of chemiluminescence methods for cancer detection and therapy. Trac–Trend Anal Chem. 2014;59:156–83
[2] Siegel R, Ma J, Zou Z, Jemal A. Cancer statistics, 2014. Ca-Cancer J Clin. 2014;64:9–29
[3] Levin D, Parker L, Halpern E, Rao V. Are combined CT scans of the thorax being overused? J Am Coll Radiol. 2014;11:788–90.
[4] Rasmussen J, Siersma V, Pedersen J, Heleno B, Saghir Z, Brodersen J. Healthcare costs in the Danish randomised controlled lung cancer CT-screening trial: a registry study. Lung Cancer. 2014;83:347–55.
[5] Diciotti S, Lombardo S, Falchini M, Picozzi G, Mascalchi M. Automated segmentation refinement of small lung nodules in CT scans by local shape analysis. IEEE T Bio-Med Eng. 2011;58:3418–28.
[6] Farag A, El Munim H, Graham J, Farag A. A novel approach for lung nodules segmentation in chest CT using level sets. IEEE T Image Process. 2013;22:5202–13.
[7] Choi W, Choi T. Automated pulmonary nodule detection based on three-dimensional shape-based feature descriptor.bComput Meth Prog Bio. 2014;113:37–54
[8] Firmino M, Morais A, Mendoca R, Dantas M, Hekis H. Computer-aided detection system for lung cancer in computed tomography scans: review and future prospects. Biomed Eng Online. 2014;13:1–16
[9] Li Q. Recent progress in computer-aided diagnosis of lung nodules on thin-section CT. Comput Med Imag Grap. 2007;31:248–57
[10] Ambrosini V, Nicolini S, Caroli P, Nanni C, Massaro A, Marzola M, et al. PET/CT imaging in different types of lung cancer: an overview. Eur J Radiol. 2012;81:988–100



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY